## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 21 80#11267939 SL#161702

=63-012961

1	DO NOT WRITE	Registration District No. STOP Primary Registration District No. 1015 Registrar's No. 3808							MOEK									
Description		- 1   1   1   1				7	1. PLACE OF DEATH											
## HOSPITALOR VAH, ST. LOUIS, MO.   Yes LX No.	Rev. 4/59					l –	^^					c. CITY		<del></del>		_	Inside	Limits
## HOSPITALOR VAH, ST. LOUIS, MO.   Yes LX No.	10 0		ž			_		· ·		20		TOWN DEC						
3 MAME OF DECASED FIRST MIDDLE ACKERIAN Lest 4. DATE MANISH Dry Year Month 1 (Type or principal) WYATT C. ACKERIAN Lest 4. DATE MANISH DRY Year MARCH (Type or principal) WYATT C. ACKERIAN Lest 7. Married C. ACKERIAN Divorced C. DATE OF BRITH 6. COLOR OR RACE WHITE Middle C. WHITE Divorced C. DATE DIVORCED C. ACKERIAN DIVORCED C. MALE C. WHITE C. ACKERIAN COLOR OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (City and state or country) 12. CITY DATE OF WHAT COUNTRY U.S. ARE CLUSTED WITE C. ACKERIAN LEST 1. DUIS, M.O. LILLIS L. ACKERIAN SEE 2D LILLIS L. LILLIE B. ACKERIAN SEE 2D LILLIE B. ACKERIAN SEE 2D LILLIE B. ACKERIAN SEE 2D ACKERIAN SE	2009		ù l	\ <b>\</b>		•	HOSPITAL OR	NOT in hospital, give loca	tion)		ł 1	d. STREET ADDRESS				n)	_	
3 MAME OF DECEASED First MyATT C. ACKERIAN S. DATE MONTH Day Year DEATH MYATT C. ACKERIAN S. DATE DEATH MY DRILL 2, 1963  5 / SEX MALE S. COLOR OR BACE WHITE SIGNATURE S. DATE Divotred S. DATE OF BIRTH S. DATE DEATH MONTH DATE S. DATE DIVOTRY S. DATE DEATH DIVOTRY D. DATE DEATH DIVOTRY DEATH DIVOTRY D. DATE DEATH DIVOTRY DEATH DIVOTRY D. DATE DEATH D. DATE DEATH D. DATE DEATH D. DATE D. DA	2812091	7	5			l _	INSTITUTION VA	ri, 31. L0013,	140.	_	Yes LA No [	<u> </u>	OOS EAST	WOOL	<u> </u>		Yes []	No ⊠
MALE   WHITE   Windowed	3		1			-			С		-	Last	OE					Year
10. USUAL OCCUPATION (Give kind of work done during graph of working life, even if retired)  10. USUAL OCCUPATION (Give kind of work done during graph of working life, even if retired)  11. USAS DECEASED EVER IN U.S. ARMED FORCES?  12. AMES L AC KERMAN  13. WAS DECEASED EVER IN U.S. ARMED FORCES?  10. USA  11. WAS DECEASED EVER IN U.S. ARMED FORCES?  10. OUT OF SUBJECT OF WHAT COUNTRY  WELV INA ELL IS  11. INFORMANT  12. BACKERMAN  13. WAS DECEASED EVER IN U.S. ARMED FORCES?  14. OUT OF SUBJECT OF WHAT COUNTRY  MELV INA ELL IS  15. MOTHER SMADDEN NAME  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. CAUSE OF BEATH (STATE only one clause pare line)  19. MAS DECEASED EVER IN U.S. ARMED FORCES?  10. OUT OF SUBJECT OF WHAT COUNTRY  MELV INA ELL IS  17. INFORMANT  Address  18. CAUSE OF BEATH (STATE only one clause pare line)  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  10. OUT OF SUBJECT ON ONSET AND DEATH  ADENOCARC INDIA OF PROSTATE  10. OUT OF SUBJECT ON ONSET AND DEATH  ARTER I OSCIEROT IC HEART DISEASE  Which gave rise to show cause (a)  ARTER I OSCIEROT IC HEART DISEASE  Which gave rise to show cause (a)  ARTER I OSCIEROT IC HEART DISEASE  WHITE AND ONSET AND DEATH  ADENOCARC INDIA OF PROSTATE  10. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  10. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  10. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  10. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  10. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. in PART II of item 18.)  10. WAS AUTOPSY 20s. ACCIDENT SUI						-		6. COLOR OR RACE WHITE					9. AGE (last b	oirthday)				
TO ON DELIVERY NAME  JAMES JACKERMAN  13. MOTHER'S MAIDEN NAME  JAMES JACKERMAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, typ. gr unknown) (If yes, typ. gar) or dates of services of the control of the contr	<del>"</del>			.		10	a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OI	F BUSII	NESS OR INDUSTRY		City and state or	country)	12. CITIZ	EN OF	WHAT CO	DUNTRY
TO ON DELIVERY NAME  JAMES JACKERMAN  13. MOTHER'S MAIDEN NAME  JAMES JACKERMAN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, typ. gr unknown) (If yes, typ. gar) or dates of services of the control of the contr	6	§ ∣					during most of working	ng life, even if retired)			_	ST. LOL	HS. MO.		L U	SA		
Social Security No.   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one cause per line part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   ADE NOCARC INOVIA OF PROSTATE   INTERVAL BETWEEN ONSET AND DEATH   18. CAUSE OF DEATH (Enter only one cause per line part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   ADE NOCARC INOVIA OF PROSTATE   INTERVAL BETWEEN ONSET AND DEATH   19. Caused was famile was which gave rise to above cause (a).   ARTER IOSCLEROT IC HEART DISEASE   ADE NOCARC INOVIA OF PROSTATE   INTERVAL BETWEEN ONSET AND DEATH   19. Caused was famile was which gave rise to above cause (a).   ARTER IOSCLEROT IC HEART DISEASE   ARTER IOSCLEROT IC HEART DISEA	7 0	일				13			13b. /	MOTHE	R'S MAIDEN NAME	E	14. N		HUSBAND C	R WIFE		
10		ᅙ		1 [									L   L			-RMA	N	
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* 2	S								SOCIA	L SECURITY NO.		A C LC COLA L					
ARTERIOSCLEROTIC HEART DISEASE    ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE     ARTERIOSCLEROTIC HEART DISEASE   ARTERIOSCLEROT	_					l					_1	LILLIE B.	ACKERMA	N 5t	E 20	Тым	TEDVA) B	ETAZEEN
Which gave rise to above cause (a), stating the underlying cause last.  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH but not related to the terminal there a pregnancy in last 90 days there a pregnancy in last 90 days there as pregnancy in last 90 days there are pregnancy in last 90 days there as pregnancy in last 90 days there are pregnancy in last					E		PART I.	DEATH WAS CAUSED BY	Δι	DEM	OCABC INOMA	A OF PROSTA	TE .			_ Or	SET AND	DEATH
Which gave rise to above cause (a), stating the underlying cause last.  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH but not related to the terminal there a pregnancy in last 90 days there a pregnancy in last 90 days there as pregnancy in last 90 days there are pregnancy in last 90 days there as pregnancy in last 90 days there are pregnancy in last	11	윉	5		S			IMMEDIATÉ CAUSE (a	) ——— <u>"</u>	DC 140	SCHILC HIGH	1 0: 11/05/7	112			+-		
PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. If deceased was female was there a pregnancy in last 90 days.   PART III. If deceased was female was there a pregnancy in last 90 days.   PART III. If deceased was female was female was female was there a pregnancy in last 90 days.   PART III. If deceased was female	10 92 -		3		8		Conditio	ons, if any, ) DUE TO (i	, Al	RTE	RIOSCLEROT	TIC HEART D	ISEASE			<u> </u>		
19. WAS AUTOPSY   20e. ACCIDENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of irem: 18.)   19. WAS AUTOPSY   20e. ACCIDENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of irem: 18.)   20c. TIME OF   Hour   Month, Day, Year   p.m.   p.m.   p.m.   p.m.   20d.: INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION   COUNTY   STATE   21c.   Martin did the deceased from   3/11/63   14/2/63   and last saw him slive on   4/2/63   21c.   Martin did the deceased from   5:30   p.m.   on the date stated above, and to the best of my knowledge, from the causes stated.   22e. SIGNATURE; ILL AM H. HOWEVER OF CREMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (State)	13	THS 1	2	$\perp \downarrow$	4		which gave rise to above cause (a), stating the under-											
20c. TIME OF Hour Month, Day, Year p.m.  20d. SINJURY OCCURRED STATE		8			Ì	Z	PART II	. OTHER SIGNIFICANT C	ONDITIONS C	ONTRI	BUTING TO DEAT	H but not related to	the terminal	PART				
20c. TIME OF Hour Month, Day, Year p.m.  20d. SINJURY OCCURRED STATE	83	2				Ŝ		Cisease Continuity given	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1	· 🗆 Yes		No 🗆	Unknown
20d: INJURY OCCURRED STATE  20d: INJURY OCCURRED STATE  WHILE AT WORK   20d: INJURY OCCURRED STATE  WHILE AT WORK   3/11/63		DWEN	,			CERTIFIC	19. WAS AUTOPSY PERFORMED? YES NO [2]			<u> </u>	20ь. DESCRIBE HOV	W INJURY OCCURRED	). (Enter nature of	injury in	PART I or	PART II	of item:	18.)
20d. SINJURY OCCURRED  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20f. CITY, TOWN, OR LOCATION  20f. CITY, TOWN, OR LOCATIO	z Z Q	AME				AEDICAL	INJURY a.m.	•	-		-	*.		·				
22c. DATE SIGNET  22a. SIGNATURE   ILL IAM H. HO(DOGGE OF LIPIO)  22b. ADDRESS  VAH, ST. LOUIS, MO.  4/2/63  23c. PURIAL CREMATION   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county) (State)			.   -		·		20d INJURY OCCURR WHILE AT WORK NOT WHILE AT V	ED 20e. PLACE farm,	OF INJURY (e factory, street,	.g., in office	or about home, 2 bidg., etc.)				·		_	
22c. DATE SIGNET  22a. SIGNATURE   ILL IAM H. HO(DOGGE OF LIPIO)  22b. ADDRESS  VAH, ST. LOUIS, MO.  4/2/63  23c. PURIAL CREMATION   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county) (State)	<b>488</b>		3		ᆟ.		21 //attended the de	ceased from 3	/11/63		4/2/6	<u> </u>	d last saw her al	ive on	4/2/	63		
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	- BE - BE	i	י ב	11	•		***	ካ:ፈ0			m on the				wledge, fro	m the c		
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	USE						220. SIGNATURE	LIAM H. HO98	Ner	<i>p</i> i.[	LMD	VAH, ST.	LOUIS,	40.			4/2	/63 _
T. Dewey Greenville, III. APR 3 1963 Coan Smith, M.D.		↓		H	FIDAV	2:	ia. BURIAL; CREMATION, REMOVAL (Specify) Removal	,	23c. NAA	AE OF	-		Greenv	i_lle	. Il	l.	(Sta	te)
			ו פער		BY AFI	2	L FUNERAL DIRECTOR	ADI		[]1	1 401		FG. 26. RE <b>62</b>	TRAR'S	GNATORE.		. 17	. D.

## STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is r	Forded on the reverse side of this certificate was embalmed by me,
or by_	7/ 9 Va	Student Embalmer No
working Student	g under my personal supervision.	Signed John J. Karely III
0.0001112	Signature of Student Embalmer	
		Licensed Embalmer No. 25039
		P. O. Address & St Lawis Lee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.